§ 2803-n. Hospital care for maternity patients. 1. When a general hospital provides maternity care:

(a) Inpatient care for mothers and newborns shall be offered for not less than forty-eight hours after childbirth for any delivery other than a caesarean section, and for more than forty-eight hours when medically necessary. For a caesarean section, inpatient care for mothers and newborns shall be offered for not less than ninety-six hours after childbirth, and for more than ninety-six hours when medically necessary.

(b) Maternity care shall also include, at minimum, parent education, assistance and training in breast or bottle feeding, education on maternal depression, education on maternal depression screening and referrals, and the performance of any necessary or appropriate maternal and newborn clinical assessments and screenings and appropriate referrals. Notwithstanding this requirement, nothing in this paragraph is intended to result in the hospital charging any amount for such services in addition to the applicable charge for the maternity inpatient hospital admission.

(c) (i) The hospital shall adopt, implement and periodically update standard protocols for management of obstetric hemorrhage. Such protocols shall address early recognition and assessment and readiness to respond in a multidisciplinary manner. Such protocols shall utilize risk assessment tools such as the toolkit established or identified by the department under subdivision three of this section and shall include a response plan providing for the triage and transfer to higher level facilities if needed.

(ii) The hospital shall maintain and furnish protocols for management of obstetric hemorrhage required pursuant to subparagraph (i) of this paragraph to the department, immediately upon request.

2. This section shall not limit the mother's option to be discharged earlier than the time periods established in subdivision one of this section.

3. The commissioner shall develop guidance to hospitals on obstetric hemorrhage protocols, in consultation with clinical experts, and develop or identify an existing toolkit on obstetric hemorrhage management, which may include a hemorrhage care checklist for use by hospitals as

part of the protocols and guidance on simulation training. The commissioner shall post the guidance and toolkit on the department's website.

4. The hospital shall adopt, implement and periodically update standard protocols for management of other emergency medical conditions related to pregnancy for expectant mothers being admitted to the hospital or presenting to the emergency department, including but not limited to pre-term labor. Such protocols shall require the hospital to determine whether an expectant mother is experiencing an emergency medical condition, and upon making a diagnosis of an emergency medical condition, admit the expectant mother to the hospital or treat them in the emergency room for close observation and continuous monitoring until it is deemed medically safe for discharge or transfer in accordance with state and federal requirements including the federal Emergency Medical Treatment and Labor Act (EMTALA).